
















**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # _____								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
<input checked="" type="checkbox"/>	Other			\$ 40						
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		\$ 40						
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: _____		TITLE: _____								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>7-3</u>								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>5/2/08</u>								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

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### Refunded Payment

Payment from check no.: 001727

Bank Routing Code: 121000497

Acct No.: 1180016569

### Check Refund

Number: 93047

Hold Date: 05/11/2000

Amount: 40.00

Treas Check No:

Refund Cat: NONGOVNMNT

Status: INPROCSS

Issue Method

☐ Electronic

☒ Paper

PCT Code

☐ WIPO

☐ EPO

☐ None

Fee Cd:

Name/Number:

09475923



### Mailing Address

Payee Name: DONALD R GREENE

Attention:

Street:

P O BOX 12995

City:

SCOTTSDALE

Province:

State:

AZ

Country:

US

Postal Code:

852672995

Tax Identification No:

UPDATE SUCCESSFUL

KHARLING

05/02/2000